LINDEN GROVE - NEW BERLIN

13755 WEST FIELDPOINTE DRIVE

NEW BERLIN 53151 Phone: (262) 796-3660 Ownership: Non-Profit Corporation

Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled

Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skil Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 135 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 135 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 125 Average Daily Census: 124

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	ફ ફ		27.2 36.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	2.4	More Than 4 Years	16.0
Day Services Respite Care	No Yes	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	4.0 30.4	•	79.2
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94		**********	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer	1.6 3.2	95 & Over		Full-Time Equivalent Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	3.2	İ	100.0	(12/31/03)	
Other Meals Transportation	No No	Cardiovascular Cerebrovascular		65 & Over 		 RNs	12.7
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.8
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	57.2
Mentally Ill	No			Female	73.6	•	0,12
Provide Day Programming for Developmentally Disabled	Yes	 	100.0	 	100.0	 	
*********	****	********	*****	******	*****	********	*****

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	οlo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	363	57	87.7	128	0	0.0	0	44	100.0	199	0	0.0	0	2	100.0	400	117	93.6
Intermediate				7	10.8	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	5.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.5	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		65	100.0		0	0.0		44	100.0		0	0.0		2	100.0		125	100.0

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LINDEN GROVE - NEW BERLIN

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12/3	31/03
Deaths During Reporting Period					0 No all an		m 1
Percent Admissions from:		 Activities of	96		% Needing sistance of	% Totally 1	Total Number of
	0 5					=	
Private Home/No Home Health			-	One	Or Two Staff	±	Residents
Private Home/With Home Health			0.0		57.6	42.4	125
	0.9		4.8			36.8	125
Acute Care Hospitals	92.6	Transferring	18.4		56.0	25.6	125
Psych. HospMR/DD Facilities	0.3	Toilet Use	11.2		56.8	32.0	125
Rehabilitation Hospitals	1.2				39.2	14.4	125
Other Locations	1.5	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****
Total Number of Admissions	324	Continence		용	Special Trea	tments	િ
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.6	Receiving	Respiratory Care	4.0
Private Home/No Home Health	24.9	Occ/Freq. Incontinen	t of Bladder	65.6	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	13.6	Occ/Freq. Incontinen	t of Bowel	55.2	Receiving	Suctioning	0.0
Other Nursing Homes	5.7				Receiving	Ostomy Care	0.8
Acute Care Hospitals	12.3	Mobility			Receiving	Tube Feeding	3.2
Psych. HospMR/DD Facilities	0.3	Physically Restraine	d	2.4	Receiving :	Mechanically Altered Diets	39.2
Rehabilitation Hospitals	0.3	 					
Other Locations	13.9	Skin Care			Other Reside	nt Characteristics	
Deaths	29.0	With Pressure Sores		7.2	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		2.4	Medications		
(Including Deaths)	317				Receiving	Psychoactive Drugs	78.4

	This	Other	Hospital-	i	All
	Facility Based Faciliti		acilities	Facilties	
	8	8	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.9	90.1	1.02	87.4	1.05
Current Residents from In-County	68.0	83.8	0.81	76.7	0.89
Admissions from In-County, Still Residing	12.3	14.2	0.87	19.6	0.63
Admissions/Average Daily Census	261.3	229.5	1.14	141.3	1.85
Discharges/Average Daily Census	255.6	229.2	1.12	142.5	1.79
Discharges To Private Residence/Average Daily Census	98.4	124.8	0.79	61.6	1.60
Residents Receiving Skilled Care	93.6	92.5	1.01	88.1	1.06
Residents Aged 65 and Older	97.6	91.8	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	52.0	64.4	0.81	65.9	0.79
Private Pay Funded Residents	35.2	22.4	1.57	21.0	1.68
Developmentally Disabled Residents	0.8	1.2	0.67	6.5	0.12
Mentally Ill Residents	38.4	32.9	1.17	33.6	1.14
General Medical Service Residents	23.2	22.9	1.01	20.6	1.13
Impaired ADL (Mean) *	57.3	48.6	1.18	49.4	1.16
Psychological Problems	78.4	55.4	1.42	57.4	1.37
Nursing Care Required (Mean) *	7.1	7.0	1.02	7.3	0.97